



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Addus Healthcare	Region(s):	1 & 2
Agency Type:	Residential Habilitation Agency	Survey Dates:	May 23-25, 2017
Certificate(s):	Region 1: RHA-186 Region 2: RHA-354	Certificate(s) Granted:	<input checked="" type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.201.02. 201.ADMINISTRATION. 02. Structure. The administrative responsibilities of the agency must be documented by means of a current organizational chart. (3-20-04)	<p>The agency lacked documentation of a current organizational chart.</p> <p>For example: The organizational chart provided for the Lewiston location did not address residential habilitation and the current employees for this service.</p> <p>The agency corrected the deficiency during survey and must address questions 2-4 on the plan of correction.</p>	<p>1. <i>Click here to enter text.</i></p> <p>2. <i>Both org charts were reviewed for accuracy and updated.</i></p> <p>3. <i>Effective immediately, the Administrator is responsible for ensuring the org chart remains current before the requisition is closed for a new hire (HR department hiring process) and before the new employee starts If the Administrator position is vacant, the Administrator Delegate will be responsible for this process.</i></p> <p>4. <i>The Administrator will be responsible for updating the org chart when a requisition is closed in the new hire process.</i></p>	6/13/2017



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<p>16.04.17.201.03.b. 201.ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: b. Appointing an administrator qualified to carry out the agency's overall responsibilities in relation to written policies and procedures and applicable state and federal laws. The administrator must participate in deliberation of policy decisions concerning all services; (3-29-12)</p>	<p>The agency lacked evidence the administrator carried out the agency's overall responsibilities.</p> <p>For example: The agency has failed to comply with the plans of correction for 2015 and 2016.</p>	<p><i>1. In Lewiston, the Administrator is new and responsibilities were reviewed with them. In CDA, the Administrator will have the responsibilities reviewed with them by National QA Manager on 6.2.17. Additionally, the Administrators are each responsible for ongoing monitoring of compliance with all program requirements on an ongoing basis.</i></p> <p><i>2. The National QA manager conducted a full Reh Hab audit in Lewiston with the Administrator and QIDP on 5.15-17.17 to validate they understood the requirements. The National QA Manager will do the same in CDA with the Administrator 7.10-12.17. The Administrators are responsible for reviewing their own agencies on an ongoing (minimally quarterly) basis and documenting all Quality Assurance Activities on the Quality Assurance log.</i></p> <p><i>3. The National QA Manager will conduct the validation of Administrator</i></p>	<p>7/12/2017</p>



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		<i>understanding of responsibilities. The administrators will be responsible for documenting all quality assurance activities to correct deficiencies and maintain program compliance on the Quality Assurance Log. 4. The Regional Vice President is responsible for oversight of the Administrators with input from the National QA Manager</i>	
<p>16.04.17.201.03.c. 201.ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: c. Providing a continuing and annual program of overall agency evaluation; (3-29-12)</p>  <p>Addus On Site Quality Assurance R</p>	<p>The agency lacked evidence the administration provided a continuing and annual program of overall agency evaluation.</p> <p>For example: The agency review of personnel records, only one personnel record for residential habilitation agency services was reviewed, and the criteria reviewed did not include components of personnel records identified in IDAPA 16.04.17. The agency review of participant satisfaction, did not identify that satisfaction input was requested from all</p>	<p><i>1. Both offices will now require the administrator to review personnel records of newly hired Aides before they begin working to ensure all requirements are met. Satisfaction surveys are sent out to a random sample of the entire agency annually. In addition, a quarterly assessment of satisfaction is completed specific to res hab clients (see attached). The National QA Manager reviews all policies annually in January. The proposed revisions are sent to the Administrators for their review and</i></p>	7/12/2017



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	<p>participants receiving residential habilitation agency services, and the input information was not identifiable to address residential habilitation agency services. (See IDAPA 16.04.17.302.03)</p> <p>There was no evidence indicating an annual review of policies and procedures including revision if necessary as they relate to residential habilitation agency services (See IDAPA 16.04.17.300).</p> <p>Previous citations from certification surveys in 2015 and 2016 have not been corrected</p>	<p><i>approval prior to implementation. This is documented on the Quality Assurance Activity report.</i></p> <p><i>2. The National QA manager conducted a full Reh Hab audit in Lewiston on 5.15-17.17 to validate they understood the requirements. The National QA Manager will do the same in CDA 7.10-12.17</i></p> <p><i>3. The Administrators are responsible for correcting any identified deficiencies and implementing Quality Assurance activities. Additionally, the administrators are responsible for documenting their activities on the Quality Assurance Log so their efforts are evident.</i></p> <p><i>4. The Regional Vice President is responsible for oversight of the Administrators with input from the National QA Manager</i></p>	
16.04.17.202.01.c. 202.ADMINISTRATOR.	In review of agency and personnel records, the administrator's record lacked	1. The Administrator does meet the qualifications. Resume was updated to reflect qualifications	6/12/2017



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<p>01. Administrator Qualifications. Each agency must have a designated administrator who:</p> <p>c. Has a minimum of three (3) years of experience in service delivery to persons with developmental disabilities with at least one (1) year having been in an administrative role. (7-1-95)</p>	<p>documentation he meets the administrator qualifications.</p> <p>For example: Employee 4's record lacks documentation he has a minimum of 3 years experience in service delivery to persons with developmental disabilities.</p>	<p>2. <i>Requirements for the Administrator position will be added to the requisition</i></p> <p>3. <i>The Addus recruiter will be responsible for implementation.</i></p> <p>4. <i>The Regional Vice President will be responsible for monitoring that the Administrator meets the requirements during the screening process.</i></p>	
<p>16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and</p>	<p>In review of agency personnel records, for four (4) of seven (7) records reviewed, there was lack of documentation to meet the requirements of Staff Residential Habilitatoin Provider Training as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700-706.</p> <p>For example: Employee 1's record lacks documentation she received training specific to Participant 1's needs addressed in IDAPA 16.03.10.705.01.c.ix. The staff received training dated 07/19/16 for previous plan through 02/17, but no documentation received training for current plan 02/28/17-02/27/18.</p>	<p>1. <i>The finding for employees 1-3 were self-identified during an audit by the National QA Manager and Administrator during reviews of the Lewiston office. QIDP oversight was returned to the Lewiston branch March 2017 and deficiencies were in the process of being corrected through self-audit by the new Administrator/QIDP. All employees will have documentation of client specific training by 7.1.17 A new QIDP orientation/training was implemented 6/6/17 by the Administrator.</i></p> <p>2. <i>The National QA manager conducted a full Reh Hab audit in Lewiston on 5.15-</i></p>	<p>7/12/2017</p>



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<p>contractors receive orientation training in the following areas: (3-29-12)</p>  <p>QIDP training.pdf</p>	<p>Employee 2's record lacks documentation of skill training or specific to participant needs for participant 1.</p> <p>Employee 3's record lacks documentation of skill training or specific to participant needs for participant 1 and 2 as the backup staff.</p> <p>Employee 9's record lacks documentation of orientation training. The administrator stated she conducts monthly trainings, but the documentation does not address RH orientation training.</p> <p>This is a repeat citation previously cited in 2015 and 2016 surveys. The agency has failed to comply with the plans of correction submitted from the agency certification surveys completed in 2015 and 2016.</p>	<p><i>17.17 to to assess compliance with all requirements. The National QA Manager and Administrator will do the same in CDA 7.10-12.17</i></p> <p><i>3. The requirements of the QIDP's oversight has been returned to the local Lewiston office. The local QIDP and Administrator are responsible for ongoing oversight.</i></p> <p><i>4. The Administrators will conduct quarterly audits of all Res Hab program files to validate compliance.</i></p>	
<p>16.04.17.300.01. 300.POLICY AND PROCEDURE MANUAL. A policy and procedure manual must be developed by the residential habilitation</p>	<p>In review of agency records and documentation with the administrator in Lewiston, a policy addressing scope and geographic location of the areas that</p>	<p><i>1. This is policy 2.3 (attached) and was in place at the time of the review. The scope was addressed. The regions served was added to policy.</i></p>	<p>6/2/2017</p>



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<p>agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following:</p> <p>01. Scope of Services and Area Served. Scope of services offered and geographic</p> <p> 2.3.pdf</p> <p>area served. (7-1-95)</p>	<p>Residential Habilitation Agency services are served was not located.</p>	<p>2. All policies are reviewed annually in January and monitored for changes between reviews through the Res Hab ListServ</p> <p>3. National Quality Assurance Manager is responsible for review of all policies. Once the necessary revisions are made, they are sent to the local administrators for review, feedback and approval for implementation.</p> <p>4. Policies and Procedures are reviewed annually to ensure they are in compliance</p>	
<p>16.04.17.301.03.i 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>In review of Personnel records, for two (2) of seven (7) records reviewed, the CPR and 1st Aid certifications were not completed or maintained current as required by rule.</p> <p>For example: Employee 6's record lacked documentation of 1st Aid certification from date of hire 10/19/16. Employee #7 began working with participants 10/20/16. There was no</p>	<p>1. Employees out of compliance with CPR/FA were retrained 5.26.17</p> <p>2. The CDA Administrator retrained the QIDP of their requirements for ensuring each employee meets all program requirements. The National QA Manager will audit the CDA office 7.10-12.17 to validate that there are no other deficiencies.</p>	7/12/2017



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	<p>documentation of CPR/1st Aid between 10/20/16-01/11/17.</p> <p>This is a repeat citation previously cited in 2015 and 2016 surveys. The agency has failed to comply with the plans of correction submitted from the agency certification surveys completed in 2015 and 2016.</p>	<p>3. <i>The administrator will be responsible for tracking CPR expiration dates on the Expiring License Report Monthly and will be required to verify that any new employee has this training prior working. They are also responsible for notifying the employee when their certification is about to expire and coordinate recertification. The Administrator is responsible for removing the employee from service if they do not maintain their certification. They are also responsible for ensuring that the client has a substitute available to provide services until the regular caregiver is again in compliance</i></p> <p>4. <i>The Administrators will conduct quarterly audits of all Res Hab program files to validate compliance using the expiring licenses report used to track this requirement.</i></p>	
16.04.17.301.03.j 301. PERSONNEL.	In review of agency and personnel records, for three (3) of nine (9) employees, lacked	1. <i>Administrators were retrained on Background Check requirements. Each</i>	7/12/2017



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<p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following:</p> <p>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p> <div data-bbox="184 933 247 993" data-label="Image"> </div> <p>IDAHO BACKGROUND CHECK</p>	<p>verification the employee satisfactorily completed the criminal history checks in accordance with IDAPA 16.05.06 "Criminal History and Background Checks".</p> <p>For example:</p> <p>Employee 2's record lacks documentation satisfactorily completed her criminal history per rule requirements. Date of Hire and signed and notarized self declaration on 01/23/17, fingerprinted 03/03/17 which is over 21 days. The employee worked the week of 02/17/17-02/23/17.</p> <p>Employee 6's record lacks documentation the Idaho State Police Check was initiated within 30 days of adding to the agency. Date of hire was 10/19/16 and was added to the agency on 10/21/16, but the local Idaho State Police Check was not initiated until 01/17/17 and not completed until 04/12/17.</p> <p>Employee 9's record lacks documentation conducted a local ISP check. DOH:07/20/16;</p>	<p><i>region was presented with the attached flow chart for ongoing reference and training of additional staff having a part in this process. Employees in CDA that were currently out of compliance with this requirement were suspended pending successfully completing the background check process.</i></p> <p><i>2. The CDA Administrator retrained the QIDP of their requirements for ensuring each employee meets all program requirements. The National QA Manager will audit the CDA office 7.10-12.17 to validate that there are no other deficiencies.</i></p> <p><i>3. The Administrator is responsible for implementing this corrective action of ongoing compliance.</i></p> <p><i>4. The Administrators will be required to review and approve of each new employee prior to working in the program to ensure all requirements are met.</i></p>	



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	<p>Start Date: 08/01/16; DHW CI for another agency 09/23/13 printed 07/21/16:</p> <p>This is a repeat citation previously cited in 2015 and 2016 surveys. The agency has failed to comply with the plans of correction submitted from the agency certification surveys completed in 2015 and 2016.</p>		
<p>16.04.17.302.03. 302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program. (3-20-04)</p>	<p>In review of agency and participant records, for two (2) of Four (4) participant files reviewed lacked documentation of periodic reviews conducted at least quarterly.</p> <p>For example: For Participant #1, there was quarterly service review on 5/16, 1/17 and 4/17. There were no service reviews for the dates of 8/16 and 11/16.</p> <p>For participant #2, in a one year period from May, 2016 to present there were only two quarterly service reviews.</p> <p>For participant #3, he began services 8/11/16. There were quarterly service</p>	<p><i>1. The finding for participants 1 & 2 were self-identified during an audit by the National QA Manager and new Administrator during reviews of the Lewiston office. QIDP oversight was returned to the Lewiston branch March 2017 and deficiencies were corrected. The CDA Administrator reviewed with the local QIDP her responsibilities for conducting quarterly visits. Going forward, the QIDP will place the dates of the quarterly visits on the Administrator's calendar to make sure the QIDP is following through with home visits.</i></p>	<p>7/12/2017</p>



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	<p>visits on: 10/27/16, 3/24/17 and 5/2/17. There was not one at a quarterly frequency between the 10/27/16 and 3/24/17 time span.</p> <p>This is a repeat citation previously cited in 2015 and 2016 surveys. The agency has failed to comply with the plans of correction submitted from the agency certification surveys completed in 2015 and 2016.</p>	<p>2. <i>The National QA Manager will audit the CDA office 7.10-12.17 to validate that there are no other deficiencies.</i></p> <p>3. <i>The QIDP is responsible for tracking home visit requirements.</i></p> <p>4. <i>The QIDP will place the dates of the Quarterly home visits on the Administrator's calender so that they may jointly monitor compliance with this requirement</i></p>	
<p>16.04.17.400.02.f. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: f. Physician, dentist, and other health care providers. (7-1-95)</p>	<p>In a review of agency documentation and participant records, for one (1) of four (4) participants served, there was no information regarding the participant's dentist.</p> <p>For example: Participant #4's record lacked documentation of a dentist.</p>	<p>1. <i>The record was updated.The QIDP was retrained that they are to complete this paperwork and not the participant/family.</i></p> <p>2. <i>The National QA Manager will audit the CDA office with the local Administrator on 7.10-12.17 to validate that there are no other deficiencies.</i></p> <p>3. <i>The QIDP is responsible for implementing the corrective action.</i></p> <p>4. <i>The Administrator is responsible for oversight of the QIDP's compliance with</i></p>	<p>7/12/2017</p>



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		<i>requirements through quarterly random chart audits.</i>	
16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)	<p>In review of agency and participant records, for four (4) of four(4) participant records reviewed, lacked documentation of a history and physical.</p> <p>For example: Participant #1's plan began on 2/23/17. History and physical was not requested until 5/16/17 and received 5/17/17 Participant #2's plan start date was 8/16. The history and physical was not received until 5/17/17 Participant 3's services began 8/11/16. The history and physical was not requested until 5/23/17. Participant #4's services began 10/2/16. The history and physical was not requested until 5/23/17.</p> <p>This is a repeat citation previously cited in 2015 and 2016 surveys. The agency has failed to comply with the plans of</p>	<p><i>1. The findings for participant 1 & 2 were self-identified during an audit by the National QA Manager and Administrator during reviews of the Lewiston office. QIDP oversight was returned to the Lewiston branch March 2017 and deficiencies were corrected as a result. Employees 3 & 4 were corrected during the audit. The QIDP was retrained on their responsibility for program requirements to complete the paperwork themselves and not have the family complete it by the Administrator.</i></p> <p><i>2. The National QA Manager will audit the CDA office with the local Administrator 7.10-12.17 to validate that there are no other deficiencies.</i></p> <p><i>3. The QIDP is responsible for implementing the corrective action.</i></p> <p><i>4. The Administrator is responsible for oversight of the QIDP's compliance with</i></p>	7/12/2017



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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	correction submitted from the agency certification surveys completed in 2015 and 2016.	<i>requirements through quarterly random chart audits and ongoing QA meetings.</i>	
16.04.17.400.02.i. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: i. Results of an age appropriate functional assessment, and person centered plan. (7-1- 95)	In review of agency records, one (1) of four (4) participant records reviewed, lacked the results of an age appropriate functional assessment. For example: Participant 4's record lacked documentation of a functional assessment.	<i>1. The functional assessment is scheduled to be completed 6.20.17. The QIDP was retrained on 6/6/17 by the Administrator. 2. The National QA Manager will audit the CDA office with the local Administrator 7.10-12.17 to validate that there are no other deficiencies. 3. The QIDP is responsible for implementing the corrective action. 4. The Administrator is responsible for oversight of the QIDP's compliance with requirements through quarterly random chart audits and ongoing QA meetings.</i>	7/12/2017

Agency Representative & Title: *Click here to enter text.*

Cindy Barnett/ Administrator CDA; Jay Ostvig/Administrator Lewiston

** By entering my name and title, I agree to implement this plan of correction as stated above.*

Date Submitted: 6/13/2017

Department Representative & Title: Kimberly D. Cole, LSW, Medical Program Specialist

Date Approved: 6/26/2017



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* By entering my name and title, I approve of this plan of correction as it is written on the date identified.	
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